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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE
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RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

MENINGOCOCCAL POLYSACCHARIDE VACCINES

INTRODUCTION

Polysaccharide vaccines against diseases caused by *Neisseria meningitidis* serogroups A and C meningococci are now licensed in the United States. They are prepared as monovalent and as bivalent antigens. The purpose of this statement is to summarize available information on these antigens and to offer general guidance regarding their role in the control of epidemics of meningococcal disease in the civilian population of the United States.

MENINGOCOCCAL DISEASE

Meningococcal disease is endemic in the United States and throughout the world. It caused serious epidemics approximately every 10 years from 1900 to 1945 in this country. It also regularly caused outbreaks among military recruits, which is what stimulated the development of type-specific vaccines.

During the last decade an estimated 3,000-6,000 cases a year of meningococcal disease occurred in the United States. From 1964 to 1968 and since 1972 serogroup B has been the serogroup most often isolated from patients. In 1969 through 1971 serogroup C was most common in the civilian and military populations. Serogroup A was only rarely identified. In 1971 the Armed Forces began administering group C meningococcal polysaccharide vaccine routinely to all recruits; since then, the incidence of meningococcal disease in the military has declined sharply, and serogroup C disease has been virtually eliminated.

Sulfa-sensitive serogroup B strains currently cause the majority of U.S. cases. Highest attack rates are in infants. Serogroup C strains account for about one-third of cases. Although the highest age-specific attack rate for serogroup C is also in infants, about 70% of serogroup C cases occur in persons over 2 years old. More than two-thirds of all meningococcal disease occurs in patients less than 20 years

In recent years meningococcal disease in civilians has occurred primarily as single isolated cases or, infrequently, as small, localized clusters. Secondary cases occur more frequently in household contacts than in the general population, and appropriate antibiotic prophylaxis has been the principal means of reducing the risk for immediate contacts of cases.

MENINGOCOCCAL POLYSACCHARIDE VACCINES

Three meningococcal polysaccharide vaccines, monovalent A, monovalent C, and bivalent A-C vaccine, are licensed for selective use in the United States. These vaccines are chemically defined antigens consisting of purified bacterial cell wall polysaccharides. The antigens are polymers of partic-

ular neuraminic acids with antigenic characteristics that induce specific serogroup immunity. Vaccine is administered parenterally as a single dose in the volume specified by the manufacturer. Adverse reactions to each vaccine are infrequent and mild, consisting principally of localized erythema lasting for 1-2 days. The duration of immunity conferred by each vaccine is unknown.

Serogroup A vaccine when evaluated in 62,000 Egyptian schoolchildren 6-15 years old appeared to be highly effective and without any serious side effects. Its protective efficacy in children younger than age 6 has not been evaluated, and antibody responses indicate that children less than 2 years old respond less well to the antigen than do older individuals.

Serogroup C vaccine has been given routinely to American military recruits since October 1971. The more than 500,000 young adults vaccinated have had no significant adverse effects. Serogroup C vaccine has been studied in infants, preschool and school-age children, and adults. It elicited antibody in all age groups, although older children and young adults had the highest levels. This vaccine does not appear to be effective in children less than 2 years of age.

VACCINE USAGE

General Recommendations

Routine vaccination of civilians with meningococcal polysaccharide vaccines is not recommended because of insufficient data on their benefits. The serogroup-specific monovalent vaccines should be used, however, to control outbreaks of meningococcal disease caused by *Neisseria meningitidis* serogroup A or C.

Vaccination may have value for some travelers planning to visit countries recognized to have epidemic meningococcal disease. Although no cases have been reported among Americans in such areas, prolonged contact with the local populace may enhance the risk of infection and make vaccination a reasonable precaution.

Vaccination should be considered an adjunct to antibiotic chemoprophylaxis for household contacts of meningo-

CONTENTS

Recommendation of the Public Health Advisory Committee on Immunization Practices —	
Meningococcal Polysaccharide Vaccines	381
Epidemiologic Notes and Reports	
Continuing Dengue Fever — Puerto Rico	382
False-Positive Blood Cultures Related to the Use of Evacuated Nonsterile Blood-Collection Tubes — Georgia, Massachusetts	387

VACCINES - Continued

coccal disease cases. This is because half the secondary family cases occur more than 5 days after the primary case, long enough to yield potential benefit from vaccination if antibiotic chemoprophylaxis were not successful.

Epidemic Control

In an epidemic of meningococcal disease due to serogroups A or C, the population at risk should be identified. It should be delineated by neighborhood, census tract, or other reasonable boundary. If there is ample vaccine, all residents in that area should be vaccinated. If not, persons expected or known to be at highest risk of disease by virtue of age, socioeconomic status, or residence area should receive priority vaccination.

At the present time, requests for releasing meningococcal vaccines for epidemic control must be approved by the Bureau of Biologics, Food and Drug Administration, in consultation with the Center for Disease Control.

Contraindications

The safety of meningococcal vaccines in pregnant women has not been established. On theoretical grounds, it is prudent not to use them unless there is a substantial risk of infection.

Selected Bibliography

1. Artenstein MS, Winter PE, Gold R, et al: Immunoprophylaxis of meningococcal infection. *Milit Med* 139:91-95, 1974
2. Wahdan MH, Rizk F, el-Akkad AM, et al: A controlled field trial of a serogroup A meningococcal polysaccharide vaccine. *Bull WHO* 48:667-673, 1973

EPIDEMIOLOGIC NOTES AND REPORTS

CONTINUING DENGUE FEVER - Puerto Rico

Dengue virus transmission, which was detected in September and October in metropolitan San Juan for the first time since the 1969 epidemic (MMWR, Vol. 24, No. 43), persists in several municipalities. Four recent virus isolates (3 from Carolina and 1 from Villalba) have been identified by the complement-fixation test as dengue-2, the same serotype responsible for the epidemic in 1969.

Population indices of *Aedes aegypti* mosquitoes on the island have been relatively high (house index 8% to 35%)

during the past 2 months, with apparent increases in some areas due to the heavy rainfall from tropical storm Eloise in mid-September. In Carolina collections of resting adult mosquitoes yielded an average of 3.9 female *A. aegypti* per man-hour.

As of November 9, 1975, 25 confirmed cases of dengue and 145 suspect cases had been detected since the first of September from towns throughout the island.

(Continued on page 387)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 45 WEEKS		
	November 8, 1975	November 9, 1974		November 8, 1975	November 9, 1974	MEDIAN 1970-1974
Aseptic meningitis	71	67	114	3,466	2,747	4,210
Brucellosis	4	7	4	216	161	164
Chickenpox	1,515	1,338	---	123,366	105,799	---
Diphtheria	6	5	5	260	206	161
Encephalitis	126	12	37	2,093	897	1,340
Primary	3	4	3	266	225	248
Post-Infectious	198	218	172	10,007	8,494	7,520
Hepatitis, Viral	509	743	1,103	30,081	36,224	47,525
Type A	162	168	10	6,976	7,161	778
Type unspecified	6	8	10	367	229	396
Malaria	264	110	359	22,156	20,799	28,396
Measles (rubeola)	35	27	26	1,253	1,156	1,197
Meningococcal infections, total	35	27	25	1,226	1,128	1,177
Civilian	---	---	1	27	28	45
Military	857	631	1,070	50,984	48,370	61,948
Mumps	22	23	---	1,291	1,485	---
Pertussis	80	143	209	15,480	10,962	26,903
Rubella (German measles)	5	1	2	89	83	97
Tetanus	565	605	---	28,686	26,377	---
Tuberculosis	1	1	1	93	129	133
Tularemia	3	9	9	303	372	369
Typhoid fever	2	1	2	789	742	510
Typhus, tick-borne (Rky. Mt. spotted fever)	---	---	---	---	---	---
Venereal Diseases:						
Gonorrhea	17,193	18,270	---	857,227	771,057	---
Civilian	572	585	---	25,143	25,851	---
Military	398	492	---	21,993	21,938	---
Syphilis, primary and secondary	5	10	---	306	411	---
Civilian	36	46	47	2,091	2,560	3,004
Military	---	---	---	---	---	---
Rabies in animals	---	---	---	---	---	---

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	---	Poliomyelitis, total: Ups. N.Y. 1	6
Botulism:	14	Paralytic: Ups. N.Y. 1	6
Congenital rubella syndrome: *, Kansas 1	21	Psittacosis: Kansas 1	41
Leprosy: Conn. 1, Calif. 3	132	Rabies in man:	2
Leptospirosis: NYC 1	50	Trichinosis: Pa. 2, Tex. 1	106
Plague:	14	Typhus, murine:	30

*Delayed Report: Wash. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING NOVEMBER 8, 1975 AND NOVEMBER 9, 1974 (45th WEEK)

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod- borne and Unspecified		Post In- fectious	Type B	Type A	Type Unspecified		
						1975	1974	1975	1975	1975	1975		
UNITED STATES	71	4	1,515	6	260	126	12	3	198	509	162	6	367
NEW ENGLAND	4	-	146	-	-	1	-	-	8	22	6	-	20
Maine*	-	-	4	-	-	-	-	-	-	-	-	-	2
New Hampshire*	-	-	-	-	-	-	-	-	2	7	-	-	1
Vermont	-	-	11	-	-	-	-	-	-	-	-	-	3
Massachusetts	1	-	73	-	-	1	-	-	3	3	5	-	8
Rhode Island	3	-	19	-	-	-	-	-	1	3	-	-	2
Connecticut	-	-	39	-	-	-	-	-	2	9	1	-	4
MIDDLE ATLANTIC	17	-	56	-	-	8	1	-	30	47	5	2	89
Upstate New York	8	-	80	-	-	3	-	-	2	13	-	1	8
New York City*	7	-	4	-	-	-	-	-	21	23	-	1	26
New Jersey	-	-	NN	-	-	-	-	-	-	-	-	-	12
Pennsylvania	2	-	12	-	-	5	1	-	7	11	5	-	43
EAST NORTH CENTRAL	23	-	616	-	5	13	7	2	25	91	4	1	15
Ohio*	2	-	53	-	-	7	3	1	3	22	-	-	4
Indiana*	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	4	-	106	-	4	-	-	-	2	17	-	-	5
Michigan	11	-	249	-	1	6	4	1	14	46	4	1	6
Wisconsin	6	-	208	-	-	-	-	-	6	6	-	-	-
WEST NORTH CENTRAL	3	1	307	-	7	78	1	1	7	22	7	-	16
Minnesota	-	-	5	-	-	68	1	1	3	2	1	-	6
Iowa	1	-	247	-	-	7	-	-	-	2	1	-	-
Missouri*	2	-	1	-	-	1	-	-	2	12	5	-	7
North Dakota*	-	-	3	-	6	-	-	-	-	4	-	-	1
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	-	-	-	-	1	-	-	-	-	-	-	-	2
Kansas	-	1	51	-	-	2	-	-	2	2	-	-	-
SOUTH ATLANTIC	4	-	84	-	-	2	1	-	21	56	20	-	51
Delaware	-	-	-	-	-	-	-	-	-	-	1	-	-
Maryland	1	-	1	-	-	-	-	-	11	5	-	-	10
District of Columbia	-	-	9	-	-	-	-	-	-	1	2	-	10
Virginia*	-	-	2	-	-	1	-	-	6	8	9	-	7
West Virginia	1	-	72	-	-	-	-	-	-	-	1	-	2
North Carolina	2	-	NN	-	-	1	-	-	4	11	5	-	6
South Carolina	-	-	-	-	-	-	-	-	-	1	2	-	2
Georgia	-	-	-	-	-	-	-	-	-	30	-	-	9
Florida	-	-	-	-	-	-	1	-	-	-	-	-	5
EAST SOUTH CENTRAL	5	-	30	-	-	17	-	-	17	58	-	-	11
Kentucky	1	-	30	-	-	-	-	-	6	21	-	-	3
Tennessee	3	-	NN	-	-	10	-	-	7	29	-	-	-
Alabama	-	-	-	-	-	-	-	-	4	1	-	-	6
Mississippi*	1	-	-	-	-	7	-	-	-	7	-	-	2
WEST SOUTH CENTRAL	2	2	68	-	6	4	1	-	7	76	42	-	21
Arkansas	-	-	-	-	-	-	-	-	-	4	2	-	1
Louisiana	-	-	NN	-	-	-	-	-	-	4	2	-	-
Oklahoma	-	-	21	-	-	-	-	-	4	9	11	-	2
Texas*	2	2	47	-	6	4	1	-	3	59	27	-	18
MOUNTAIN	-	-	15	3	26	-	-	-	9	32	32	-	14
Montana	-	-	3	-	4	-	-	-	-	3	1	-	1
Idaho	-	-	3	-	-	-	-	-	1	1	2	-	-
Wyoming	-	-	-	-	-	-	-	-	-	2	-	-	-
Colorado	-	-	13	-	-	-	-	-	2	8	7	-	8
New Mexico	-	-	-	3	8	-	-	-	1	1	4	-	-
Arizona	-	-	-	-	14	-	-	-	2	10	4	-	3
Utah	-	-	-	-	-	-	-	-	3	5	14	-	2
Nevada*	-	-	-	-	-	-	-	-	-	2	-	-	-
PACIFIC	13	1	149	3	216	3	1	-	74	105	46	3	130
Washington*	1	-	139	3	195	2	1	-	7	9	2	1	6
Oregon	1	-	-	-	-	-	-	-	11	5	2	-	10
California*	10	1	-	-	4	1	-	-	53	89	42	2	109
Alaska	-	-	2	-	17	-	-	-	-	-	-	-	2
Hawaii	1	-	8	-	-	-	-	-	3	2	-	-	3
Guam*	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	2	-	-	-	-	-	2	4	-	-	1
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-

---Data Not Available NN: Not Notifiable

*Delayed Reports: Aseptic Men.: NYC 7, Ind. 3, Mo. 5, Va. 43, Texas delete 1, Wash. 2; Brucellosis: Va. 1; Chickenpox: Me. 16, NYC 15, Ind. 51, Va. 14, Wash. 90, Calif. 19, Guam 3; Diphtheria: Mo. 1, Wash. 6; Encephalitis: Ind. 28, Mo. 1, N.D. 1, Wash. 1; Hep. B: N.H. 1, NYC 5, Ind. 1, N.D. 1, Va. 4, Wash. 13; Hep. A: Me. 4, NYC 21, Ohio delete 1, Ind. 10, Mo. delete 7, Va. 8, Miss. delete 1, Texas delete 1, Nev. 1, Wash. 14; Hep. Unspec: Me. 1, Mo. delete 10, Va. 8, Texas delete 1, Wash. 7, Guam 1.

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING NOVEMBER 8, 1975 AND NOVEMBER 9, 1974 (45th WEEK) - Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1975	Cumulative		1975	Cumulative		1975	Cum. 1975	1975	1975	Cum. 1975	Cum. 1975
		1975	1974		1975	1974						
UNITED STATES	264	22,156	20,799	35	1,253	1,156	857	50,984	22	80	15,480	89
NEW ENGLAND	-	321	950	1	71	67	30	1,784	-	-	2,072	3
Maine*	-	14	44	-	6	3	1	78	-	-	41	-
New Hampshire	-	21	211	-	3	10	-	99	-	-	305	-
Vermont	-	51	56	-	2	12	1	18	-	-	71	-
Massachusetts	-	114	399	1	26	17	6	246	-	-	1,213	1
Rhode Island	-	3	61	-	3	9	7	652	-	-	28	-
Connecticut	-	118	179	-	31	16	15	691	-	-	414	2
MIDDLE ATLANTIC	129	1,980	8,193	6	130	176	84	2,800	-	7	1,758	13
Upstate New York	128	752	964	2	40	63	63	1,008	-	5	292	2
New York City*	1	162	615	2	32	40	9	822	-	2	176	2
New Jersey*	---	473	5,646	---	21	48	---	381	---	---	1,012	3
Pennsylvania	-	593	968	2	37	25	12	589	-	-	278	6
EAST NORTH CENTRAL	68	6,621	8,111	14	185	141	259	20,912	10	35	4,442	6
Ohio	-	110	3,055	13	63	55	38	2,385	-	2	632	2
Indiana*	---	426	265	---	9	15	---	2,125	---	---	1,007	---
Illinois	-	1,835	2,083	-	22	10	48	2,490	1	5	324	3
Michigan	19	3,108	2,120	1	69	44	78	8,485	4	21	1,530	-
Wisconsin*	49	1,142	588	-	22	17	95	5,427	5	7	949	1
WEST NORTH CENTRAL	3	5,026	699	6	79	90	119	3,744	-	3	1,474	10
Minnesota	-	182	85	1	18	30	5	127	-	-	37	2
Iowa*	-	612	134	1	7	14	78	1,249	-	-	34	3
Missouri*	-	273	260	4	38	25	2	923	-	-	735	1
North Dakota	3	1,061	31	-	2	3	6	485	-	3	69	-
South Dakota	-	356	27	-	1	3	-	6	-	-	18	-
Nebraska	-	395	2	-	2	3	-	39	-	-	21	-
Kansas	-	2,147	160	-	11	12	28	915	-	-	560	4
SOUTH ATLANTIC	13	375	578	-	250	221	117	3,545	-	7	1,596	16
Delaware	-	35	15	-	7	5	-	11	-	1	21	-
Maryland	5	54	24	-	29	23	14	309	-	-	38	1
District of Columbia	-	1	3	-	5	1	4	152	-	-	-	-
Virginia*	1	39	36	-	21	39	6	782	-	-	319	1
West Virginia	7	179	218	-	5	7	91	1,253	-	5	228	1
North Carolina	-	2	5	-	45	45	2	107	-	1	44	6
South Carolina	-	-	54	-	36	18	-	62	-	-	765	2
Georgia	-	40	4	-	15	8	-	17	-	-	4	-
Florida	---	25	219	---	87	75	---	852	---	---	177	5
EAST SOUTH CENTRAL	1	304	281	1	176	112	67	4,697	6	7	989	8
Kentucky	1	95	194	1	74	43	2	1,777	2	3	245	3
Tennessee	-	178	56	-	57	50	9	2,155	1	2	714	1
Alabama	-	5	18	-	31	11	5	406	-	2	23	1
Mississippi	-	26	13	-	14	8	51	359	3	-	7	3
WEST SOUTH CENTRAL	2	351	227	4	190	191	54	4,554	4	5	742	20
Arkansas	-	-	7	-	10	13	1	175	2	-	20	1
Louisiana	-	1	13	1	37	48	-	340	2	-	282	4
Oklahoma	1	145	29	1	13	19	10	247	-	2	91	-
Texas	1	205	178	2	130	111	43	3,792	-	3	349	15
MOUNTAIN	30	1,484	757	-	37	38	3	955	-	3	519	-
Montana	-	50	373	-	7	1	-	30	-	-	252	-
Idaho	-	12	52	-	5	2	-	16	-	-	74	-
Wyoming	1	3	1	-	1	3	-	2	-	-	-	-
Colorado	-	1,158	36	-	9	9	3	624	-	-	134	-
New Mexico	2	15	61	-	4	3	-	31	-	2	18	-
Arizona	1	81	20	-	3	7	-	-	-	-	2	-
Utah	26	138	15	-	7	9	-	153	-	1	31	-
Nevada*	-	27	199	-	1	4	-	99	-	-	8	-
PACIFIC	18	5,694	1,003	3	135	120	124	7,993	2	13	1,888	13
Washington*	-	290	71	-	17	15	107	3,976	-	5	293	1
Oregon	-	199	-	1	8	14	14	679	-	1	185	-
California	18	5,141	866	1	101	84	-	3,240	2	7	1,393	11
Alaska	-	-	-	1	7	4	1	49	-	-	-	-
Hawaii	-	64	66	-	2	3	2	49	-	-	17	1
Guam*	-	23	20	-	2	2	-	28	-	-	7	-
Puerto Rico	11	674	659	-	1	6	11	912	7	-	30	17
Virgin Islands	-	53,008	35	-	-	-	-	221	-	-	3	6

---Data Not Available

*Delayed Reports: Measles: Me. 1, NYC 1, Ind. 24, Wisc. delete 3, Iowa delete 6, Nev. 1, Guam 1
Meningococcal Inf.: Mo. 4. Mumps: Me. 3, NYC 12, N.J. delete 7, Va. 6, Wash. 119, Guam 2
Pertussis: Va. 17, Guam 1
Rubella: Iowa delete 4, Wash 5
Tetanus: Va. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING NOVEMBER 8, 1975 AND NOVEMBER 9, 1974 (45th WEEK) - Continued

AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (RMSF)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1975	Cum. 1975	Cum. 1975	1975	Cum. 975	1975	Cum. 1975	1975	Cumulative		1975	Cumulative		Cum. 1975
									1975	1974		1975	1974	
UNITED STATES	565	28,686	93	3	303	2	789	17,193	857,227	771,057	398	21,993	21,938	2,091
NEW ENGLAND	22	1,111	-	-	12	-	6	688	23,782	20,946	11	790	776	64
Maine	2	68	-	-	-	-	-	56	1,817	1,748	-	30	39	40
New Hampshire*	-	28	-	-	-	-	-	11	615	681	-	15	11	2
Vermont	2	26	-	-	-	-	-	-	573	554	-	7	2	-
Massachusetts	14	629	-	-	8	-	2	291	11,084	9,600	9	521	548	12
Rhode Island	2	125	-	-	-	-	3	19	1,866	1,789	-	20	15	2
Connecticut	2	235	-	-	4	-	1	311	7,827	6,574	2	197	161	8
MIDDLE ATLANTIC	62	5,198	4	-	56	-	80	829	96,643	95,540	11	3,874	4,719	85
Upstate New York	19	779	3	-	9	-	33	379	17,810	17,727	4	360	461	67
New York City*	28	2,025	-	-	26	-	1	---	40,157	41,356	---	2,214	2,728	---
New Jersey	---	1,020	1	---	10	---	9	---	13,962	13,491	---	629	740	---
Pennsylvania	15	1,374	-	-	11	-	37	450	24,714	22,966	7	671	790	18
EAST NORTH CENTRAL	82	4,015	5	-	35	-	19	3,133	141,790	123,637	54	1,809	1,875	106
Ohio	23	1,132	-	-	11	-	16	756	39,298	32,065	14	442	275	5
Indiana*	---	489	---	---	---	---	1	---	11,693	11,974	---	129	168	8
Illinois	19	1,140	-	-	14	-	1	1,320	49,675	40,892	30	867	965	23
Michigan	35	1,105	1	-	9	-	1	730	27,355	27,567	7	302	376	9
Wisconsin	5	149	4	-	1	-	-	327	13,769	11,139	3	69	91	61
WEST NORTH CENTRAL	24	1,019	16	-	15	-	27	1,088	43,477	40,438	14	529	566	452
Minnesota	2	150	-	-	3	-	-	101	8,671	8,299	4	102	74	123
Iowa	3	112	1	-	1	-	-	152	6,171	5,339	7	46	36	91
Missouri*	10	475	11	-	7	-	14	568	15,909	13,704	1	239	368	47
North Dakota	1	14	-	-	-	-	-	8	665	635	-	5	6	86
South Dakota	-	57	-	-	-	-	-	21	1,676	1,847	-	5	3	48
Nebraska	1	35	1	-	3	-	2	67	3,869	3,445	1	17	10	4
Kansas	7	176	3	-	1	-	11	171	6,516	7,169	1	115	69	53
SOUTH ATLANTIC	91	6,285	17	2	45	1	399	3,799	210,123	198,141	87	6,785	6,853	310
Delaware	-	115	-	-	-	-	4	66	3,048	2,747	5	79	72	5
Maryland	23	1,025	1	1	9	-	29	573	26,097	20,829	20	501	671	7
District of Columbia	5	331	1	-	4	-	-	344	12,168	16,790	13	603	566	-
Virginia*	11	749	6	1	7	-	109	419	20,227	18,274	16	524	642	91
West Virginia	6	228	-	-	4	-	4	67	2,716	2,326	1	53	17	3
North Carolina	17	1,019	-	-	2	1	128	775	30,430	26,932	11	886	790	11
South Carolina	9	395	3	-	7	-	84	420	19,825	18,516	10	486	607	11
Georgia	20	906	5	-	3	-	35	1,135	39,751	38,631	11	945	1,008	151
Florida	---	1,517	1	---	9	---	6	---	55,861	53,096	---	2,708	2,480	31
EAST SOUTH CENTRAL	65	2,499	10	1	26	-	107	1,921	73,259	65,220	28	1,018	1,087	137
Kentucky	8	493	1	-	7	-	12	263	9,570	8,122	5	153	242	89
Tennessee	29	936	9	1	12	-	70	625	28,943	25,883	6	381	405	21
Alabama	14	706	-	-	2	-	8	620	20,333	18,092	13	230	216	27
Mississippi	14	364	-	-	5	-	17	413	14,413	13,123	4	254	224	-
WEST SOUTH CENTRAL	70	3,282	37	-	18	1	142	2,246	105,913	100,182	65	1,975	1,931	451
Arkansas	10	434	14	-	1	-	20	120	11,148	10,299	1	61	85	76
Louisiana	7	414	2	-	10	-	-	186	18,734	20,553	9	468	512	8
Oklahoma	-	262	9	-	1	-	91	-	10,099	8,747	-	77	119	97
Texas	53	2,172	12	-	6	1	31	1,940	65,932	60,583	55	1,369	1,215	270
MOUNTAIN	35	862	2	-	7	-	8	866	34,895	29,948	4	507	506	218
Montana	-	51	1	-	-	-	5	29	1,821	1,667	-	5	3	150
Idaho	-	30	-	-	-	-	2	54	1,796	1,522	-	13	11	1
Wyoming	2	26	1	-	1	-	-	31	835	685	-	10	2	5
Colorado	1	177	-	-	1	-	1	254	9,370	8,252	1	90	123	-
New Mexico*	3	113	-	-	2	-	-	151	6,132	4,316	-	135	78	37
Arizona	23	376	-	-	3	-	-	249	9,251	8,516	2	189	222	22
Utah	6	42	-	-	-	-	-	42	2,163	1,794	-	15	12	3
Nevada*	-	47	-	-	-	-	-	76	3,527	3,196	1	50	55	-
PACIFIC	114	4,415	2	-	89	-	1	2,603	127,345	97,005	124	4,706	3,625	268
Washington*	15	359	1	-	5	-	1	275	11,380	10,575	12	164	115	4
Oregon	3	165	-	-	-	-	-	151	9,738	9,895	1	125	93	7
California	81	3,328	1	-	82	-	-	2,078	100,930	72,031	108	4,360	3,383	252
Alaska	9	57	-	-	1	-	-	64	3,181	2,489	-	6	7	5
Hawaii	6	506	-	-	1	-	-	35	2,116	2,015	3	51	27	-
Guam*	-	51	-	-	-	-	-	-	319	-	-	12	-	-
Puerto Rico	9	426	18	-	7	-	-	58	2,558	2,702	15	627	786	37
Virgin Islands	-	3	-	-	2	-	-	4	187	666	1	38	50	-

---Data Not Available *Delayed Reports: TB: NYC 35, Ind. 9, Mo. delete 1, Va. 9, Wash. 3.

RMSF: Mo. 4.

Gonorrhea: N.H. 3 mil., NYC 845, Ind. 221, Va. 627 civ. 5. mil., Nev. 21, Wash. 336, Guam 4

Syphilis: N.H. 1 mil., NYC 75, Ind. 2, Va. 12, N.M. 1.

Rabies in Animals: Va. 4

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING NOVEMBER 8, 1975

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes					Pneumonia and Influenza All Ages	Area	All Causes					Pneumonia and Influenza All Ages
	All Ages	65 years and over	45-64 years	25-44 years	Under 1 year			All Ages	65 years and over	45-64 years	25-44 years	Under 1 year	
NEW ENGLAND	705	437	188	31	30	30	SOUTH ATLANTIC	1,199	668	340	94	55	46
Boston, Mass.	203	111	55	13	14	7	Atlanta, Ga.	128	67	23	16	15	1
Bridgeport, Conn.	40	27	10	—	2	1	Baltimore, Md.	202	102	63	21	7	2
Cambridge, Mass.	29	19	9	1	—	5	Charlotte, N. C.	52	27	18	5	2	—
Fall River, Mass.	32	20	10	2	—	1	Jacksonville, Fla.	96	50	23	5	8	2
Hartford, Conn.	62	30	19	5	6	1	Miami, Fla.	96	54	29	9	2	2
Lowell, Mass.	26	16	10	—	—	2	Norfolk, Va.	64	30	22	4	7	4
Lynn, Mass.	20	17	2	—	—	—	Richmond, Va.	85	52	25	5	1	12
New Bedford, Mass.	24	17	6	—	—	1	Savannah, Ga.*	39	22	12	2	1	3
New Haven, Conn.	53	40	11	1	1	—	St. Petersburg, Fla.	81	67	13	—	—	2
Providence, R. I.	58	36	15	2	4	6	Tampa, Fla.	71	34	25	3	5	6
Somerville, Mass.	16	9	5	1	—	2	Washington, D. C.	237	131	73	20	5	10
Springfield, Mass.	52	35	12	1	3	3	Wilmington, Del.*	48	27	14	4	2	2
Waterbury, Conn.	30	17	12	1	—	—							
Worcester, Mass.	60	43	12	4	—	1							
MIDDLE ATLANTIC	2,808	1,734	704	196	91	103	EAST SOUTH CENTRAL	672	412	171	34	25	29
Albany, N. Y.	44	24	11	3	3	1	Birmingham, Ala.	95	63	20	6	1	2
Allentown, Pa.	21	17	4	—	—	1	Chattanooga, Tenn.	43	29	7	2	3	5
Buffalo, N. Y.	134	79	37	10	2	9	Knoxville, Tenn.	40	30	8	1	—	1
Camden, N. J.	31	21	8	1	1	—	Louisville, Ky.	121	76	35	5	3	10
Elizabeth, N. J.	31	19	9	1	1	2	Memphis, Tenn.	155	95	38	7	7	—
Erie, Pa.	28	17	9	1	—	2	Mobile, Ala.	58	31	18	1	6	4
Jersey City, N. J.	67	43	16	3	1	1	Montgomery, Ala.	45	22	18	1	—	3
Newark, N. J.	55	24	19	5	2	3	Nashville, Tenn.	115	66	27	11	5	4
New York City, N. Y.	1,383	887	319	106	44	45							
Paterson, N. J.	30	18	4	4	2	3	WEST SOUTH CENTRAL	1,222	664	338	110	54	30
Philadelphia, Pa.	406	231	111	31	20	5	Austin, Tex.	54	34	9	7	3	2
Pittsburgh, Pa.	175	104	54	7	4	14	Baton Rouge, La.	60	38	17	3	—	4
Reading, Pa.	36	26	9	—	1	3	Corpus Christi, Tex.	29	13	12	1	3	—
Rochester, N. Y.	118	77	28	6	2	3	Dallas, Tex.	168	90	48	11	9	1
Schenectady, N. Y.	20	13	5	1	—	1	El Paso, Tex.	46	26	9	2	4	4
Scranton, Pa.	36	25	9	2	—	2	Fort Worth, Tex.	71	42	18	5	4	1
Syracuse, N. Y.	101	51	31	7	5	4	Houston, Tex.	353	168	107	43	16	7
Trenton, N. J.	47	26	13	5	3	—	Little Rock, Ark.*	62	35	16	5	3	2
Utica, N. Y.	18	15	1	1	—	3	New Orleans, La.	122	75	29	16	2	—
Yonkers, N. Y.	27	17	7	2	—	1	San Antonio, Tex.	126	69	33	11	4	4
							Shreveport, La.	59	34	17	2	3	4
							Tulsa, Okla.	72	40	23	4	3	1
EAST NORTH CENTRAL	2,342	1,339	634	173	78	62	MOUNTAIN	531	292	144	39	29	20
Akron, Ohio	62	35	19	3	4	—	Albuquerque, N. Mex.	62	32	20	7	1	5
Canton, Ohio	33	25	5	1	1	3	Colorado Springs, Colo.	47	21	17	4	5	4
Chicago, Ill.	575	307	159	64	20	11	Denver, Colo.	105	60	26	10	4	3
Cincinnati, Ohio	188	116	46	10	5	4	Las Vegas, Nev.	29	11	8	3	2	—
Cleveland, Ohio*	185	99	57	14	6	3	Ogden, Utah	18	11	5	2	—	2
Columbus, Ohio	134	79	32	9	5	2	Phoenix, Ariz.	115	60	32	7	7	—
Dayton, Ohio	101	55	31	5	5	2	Pueblo, Colo.	20	15	4	—	1	4
Detroit, Mich.	280	152	79	27	6	9	Salt Lake City, Utah	71	47	14	2	6	2
Evansville, Ind.	45	30	10	2	1	3	Tucson, Ariz.	64	35	18	4	3	—
Fort Wayne, Ind.	46	33	11	—	—	4							
Gary, Ind.	14	6	6	—	—	2							
Grand Rapids, Mich.	76	46	19	2	6	3							
Indianapolis, Ind.	158	72	55	14	7	2	PACIFIC	1,547	952	397	104	33	29
Madison, Wis.	55	33	13	4	2	7	Berkeley, Calif.	14	10	1	1	—	—
Milwaukee, Wis.	136	83	36	6	2	1	Fresno, Calif.*	54	31	14	4	2	1
Peoria, Ill.	40	21	13	3	2	—	Glendale, Calif.	21	14	3	—	1	—
Rockford, Ill.	38	28	4	3	—	—	Honolulu, Hawaii	63	33	21	4	3	—
South Bend, Ind.	32	23	6	—	1	4	Long Beach, Calif.	104	60	35	7	2	1
Toledo, Ohio	99	66	21	4	4	1	Los Angeles, Calif.	414	261	103	32	6	9
Youngstown, Ohio	45	30	12	2	1	1	Oakland, Calif.	85	51	13	14	1	1
							Pasadena, Calif.	33	16	12	3	1	—
WEST NORTH CENTRAL	767	446	208	45	43	33	Portland, Oreg.	123	86	23	5	3	6
Des Moines, Iowa*	54	33	14	3	3	2	Sacramento, Calif.	71	46	15	6	2	—
Duluth, Minn.	40	23	12	5	—	4	San Diego, Calif.	129	74	36	7	5	2
Kansas City, Kans.	33	19	9	1	2	—	San Francisco, Calif.	175	106	49	12	2	4
Kansas City, Mo.	99	52	32	8	7	1	San Jose, Calif.	48	33	10	1	—	—
Lincoln, Nebr.	25	21	3	1	—	2	Seattle, Wash.	125	68	46	5	4	1
Minneapolis, Minn.	107	68	26	7	4	1	Spokane, Wash.	54	39	9	2	1	4
Omaha, Nebr.	98	53	31	4	7	6	Tacoma, Wash.	34	24	7	1	—	—
St. Louis, Mo.	188	101	52	13	14	9							
St. Paul, Minn.	74	48	14	1	4	2	Total	11,793	6,944	3,124	826	438	382
Wichita, Kans.	49	28	15	2	2	6	Expected Number	11,942	7,176	3,145	775	402	387

*Delayed Report for Week Ending November 1, 1975

*Estimate based on average percent of divisional total

DENGUE FEVER — Continued

Mild hemorrhagic manifestations (petechiae and positive tourniquet tests) have been noted in 2 young children with dengue-like illness, but neither had depressed platelet counts. Dengue has been confirmed serologically in one of these children. A 35-year-old man with serologically confirmed dengue experienced gross hematuria.

The Puerto Rico Health Department has begun *A. aegypti* control measures in residential areas with confirmed transmission, and increased adulticide measures will be insti-

tuted shortly with truck-mounted ultra-low volume (ULV) equipment.

(Reported by Victor Gonzalez, MD, Assistant Secretary for Environmental Health and Preventive Medicine, Commonwealth of Puerto Rico; Rodolfo Caballero, MD, Medical Director, Elpidia Diaz, RN, Villalba Health Center; Ulpiano Santa, MD, Medical Director, Carolina Health Center; Margarita Alicea, RN, Preventive Medicine Section, Caguas Subregional Hospital; San Juan Laboratories, Bureau of Laboratories, CDC; and an EIS Officer.)

**FALSE-POSITIVE BLOOD CULTURES RELATED TO THE
USE OF EVACUATED NONSTERILE BLOOD-COLLECTION
TUBES — Georgia, Massachusetts**

Georgia

Blood cultures obtained from 36 patients in an Atlanta hospital between May 21 and August 12, 1975, grew *Serratia marcescens* organisms with the same antibiogram: sensitive to chloramphenicol, gentamicin, kanamycin, streptomycin, sulfathiazole, nalidixic acid, and carbenicillin; resistant to ampicillin, cephalosporins, colistin, and nitrofurans; and resistant or intermediately sensitive to tetracycline. These isolates represented a substantial increase over the 1-2 *serratia* isolates usually recovered each month, and the sensitivity pattern was different from the one normally observed. Thirty-four of the patients were on the pediatric service (age range 6 days to 16 years; median 1 year), and 32 had been treated in the pediatric emergency clinic (PEC). All of the patients had community-acquired illnesses, and although only three-fourths were febrile, sepsis was considered a possible diagnosis in each. Most of the patients were re-examined after the report of the positive blood culture and were found to be greatly improved after being treated for the underlying illness diagnosed in the PEC. None had been given an antibiotic to which the epidemic *serratia* strain was susceptible. Since their clinical illnesses were not characteristic of *serratia* bacteremia, and since the bacteremia seemed to resolve without specific therapy, hospital staff suspected that the blood cultures had been contaminated and began searching for a source of *serratia* that could result in false-positive cultures.

Several of the 10 physicians who drew the positive blood cultures said that to avoid blood clotting and repeat venipunctures, they used the following technique: they first drew 8-10 ml of blood using a scalp-vein needle and syringe and then sequentially inoculated several evacuated blood collection tubes, replaced the scalp-vein needle with a sterile needle on the syringe, and inoculated a blood culture bottle. Therefore, they often inoculated a 2-ml EDTA-containing vacuum tube before inoculating the blood culture medium.

A review of charts for 29 of the 34 patients showed that all had had a hemogram drawn at the same time as the blood culture; by contrast, in a selected sample of 21 PEC patients whose blood specimens were negative for *serratia* during the epidemic period, only 15 had had hemograms drawn at the same time ($p=.00341$, Fisher's 2-tail test).

Ninety-seven 2-ml EDTA-containing tubes (Becton-Dickinson Company) were obtained from the PEC and other pediatric floors and cultured; 37 (38%) grew *S. marcescens* with the epidemic antibiogram. No other organisms were isolated from any of the tubes. In contrast, 29 7-ml EDTA-containing tubes (adult-size) from 1 lot were cultured and were sterile.

Investigators observed a simulated venipuncture technique and noted that when the physician exerted force on the syringe plunger to hasten filling of the EDTA tube, positive pressure was created within the tube; this caused fluid and air bubbles to reflux into the scalp-vein tubing and syringe when the plunger was released, thereby contaminating the blood remaining in the syringe. In the 4 of 12 test observations where the EDTA tube was positive for *serratia*, the needles, tubing, syringe, and blood culture bottles were also positive. After hospital personnel had been informed of this means of blood culture contamination, the number of *serratia* isolates from blood dropped sharply. Nevertheless, 2 subsequent cases of false-positive *serratia* cultures in the PEC were traced to the same mechanism of contamination.

Massachusetts

Cultures of blood drawn from 5 patients in the pediatric emergency clinic of a Boston hospital between October 6 and 12, 1975, grew *S. marcescens* organisms with an antibiogram similar to that of the isolates recovered in Atlanta: sensitive to chloramphenicol, gentamicin, kanamycin, streptomycin, sulfisoxazole, and carbenicillin, and resistant to ampicillin, cephalothin, colistin, and tetracycline. Four of the 5 were less than 1 year old, and the other was 3 years 11 months. All 5 patients were febrile when first seen; 1 patient was hospitalized for bronchiolitis; the other 4 were followed as outpatients. Blood cultures positive for *serratia* were reported approximately 24-72 hours later, and 3 patients were recalled to the hospital, admitted, and started on antibiotic therapy because of their positive blood cultures. Repeat cultures obtained from them on admission were subsequently negative. The fifth patient was not admitted or given antibiotics because he was by then asymptomatic and contamination of his blood culture was suspected.

Further investigation showed that all 5 patients had had blood drawn for both culture and a hemogram on their clinic visits. Three different pediatricians obtained the blood specimens from these 5 patients, and all used similar technique. They drew blood into a syringe using a butterfly needle and tubing and inoculated the hemogram tube with the butterfly needle. They then put a new needle on the syringe and inoculated a blood culture bottle. Hemogram tubes were inoculated first to prevent specimen clotting.

Pediatric-size 2-ml EDTA-containing vacuum tubes (Becton-Dickinson Company) were used to draw blood for these patients' hemograms. Six tubes from the pediatric emergency clinic were cultured, and 4 grew *S. marcescens* with the epidemic antibiogram. Eight 2-ml tubes used on pediatric wards were also cultured, and 1 was positive.

(Reported by John E McGowan, Jr, MD, Hospital Epidemiologist, Patricia L Parrott, RN, Senior Infection Control

BLOOD CULTURES – Continued

Nurse, Albert Rauber, MD, Chief, Pediatric Emergency Clinic, Grady Memorial Hospital, Atlanta; Donald A Goldmann, MD, Hospital Epidemiologist and Director, Bacteriology Laboratory, Sylvia Breton, RN, Infection Control Officer, Children's Hospital Medical Center, Boston; and Bacterial Diseases Division, Bureau of Epidemiology, CDC.)

Editorial Note

False-positive blood cultures can lead to unnecessary treatment of patients with potentially toxic antibiotics and may cause delay in pursuing alternative diagnoses. These 2 instances of false-positive cultures demonstrate a previously unrecognized source of contamination—evacuated blood collection tubes. Hospital personnel should be aware that current regulations do not require that these tubes be sterilized and that they therefore may contain microorganisms. While the technique used led to the contamination, it did not affect only 1 individual or hospital. Other pediatricians probably have used a similar technique to obtain blood for hemogram and culture because of its convenience.

Using nonsterile vacuum tubes may cause real bacteremia. McLeish et al reported 5 cases of *serratia* bacteremia associated with the use of nonsterile 7-ml EDTA tubes manufactured by Becton-Dickinson Company in Canada (1). They postulated that reflux of organisms into the circulation occurred when blood was drawn using these tubes. Katz et al, demonstrated that reflux does occur when the stopper is not kept uppermost, when blood is permitted to come in contact with the stopper, when pressure on the end of the tube compresses the stopper, and when the tourniquet is released after blood has ceased to flow actively (2). Admonitions against each of these blood collection techniques are outlined in the package insert accompanying the evacuated

blood collection tubes, but they are not widely known or adhered to. Steps to disseminate the recommended techniques for using the tubes to physicians and laboratory personnel have been undertaken.

To avoid potential reflux, personnel should follow the blood-drawing techniques recommended in the package insert accompanying the tubes. To prevent false-positive cultures, specimen tubes should never be inoculated before blood culture bottles with blood from the same syringe. This may be particularly important in pediatric outpatient facilities where blood for multiple specimens is often drawn via a single venipuncture.

Discussions with the company corroborated that *serratia* was introduced into the tubes during the manufacturing process. Steps have been taken to reduce the microbial load in these tubes, and methods of eliminating the backflow hazard are being pursued.

References

1. McLeish WA, Corrigan EN, Elder RH, Westwood JCN: Contaminated vacuum tubes (letter). *Can Med Assoc J* 112:682, 1975
2. Katz L, Johnson DL, Neufeld PD, Gupta KG: Evacuated blood-collection tubes—the backflow hazard. *Can Med Assoc J* 113:208-212, 1975

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The following changes should be made in the regular tables of the MMWR:

Table III – page 375: In Upstate New York replace all triple dashes (—) with a single dash (—).

In New York City replace all single dashes (—) with triple dashes (—).

Table III – page 377: In New York City, Indiana, and Virginia replace all single dashes (—) with triple dashes (—).

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